· FROM AUG 2 7 2001 a plus sign (+) Inside this box Please AN IRADE

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/809,468
Filing Date	March 15, 2001
First Named Inventor	Michael Wholey
Title	METHOD AND APPARATUS *
Group Art Unit	
Examiner Namo	
Attorney Docket Number	180431-00015

I hereby appoint:		
Practitioners at C OR Practitioner(s) nar		Place Customer Number Bar Code Label here
	Name	Registration Number
as my/our attorney(s) or business in the United S	agent(s) to prosecute the application id lates Patent and Trademark Office con	entified above, and to transact all nected therewith.
Please change the corre	spondence address for the above-ident	ified application to:
The above-mention	ed Customer Number.	
OR		Place Customer Number Bar Code
Practitioners at Cus	stomer Number	Label here
OR TY) Firm or	Alan G. Towner	A Land Control of the
Firm or Individual Name		
Address	Pietragallo, Bosick & G	ordon 204 Const Effect
Address	1	Floor, 301 Grant Street
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State PA Zip 15219
Country	US	
Telephone	(412) 263-4340	Fax (412) 261-0915
I am the: Applicant/Invent	or.	
Assignee of reconstant under	ord of the entire interest. See 37 CFR 3. r 37 CFR 3.73(b) is enclosed. (Form P7	O/SB/96).
	SIGNATURE of Applicant or Assign	ee of Record
Name	Michael Wholey	
Signature (Mayer Celeste	27
Date	7/25/05/	
NOTE: Signatures of all the invetorms if more than one signature	intors or assignees of record of the entire interest	or their representative(s) are required. Submit multiple
	orms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 2 7 2001 E

Please type a plue sign (+) inside this box +

PTC/SBJ81 (02-01)
Approved for use through 10/31/2002. ONB 0651-4035
U.S. Palent and Trademark Utilice; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

pond to a conscion at intermedian	AMIN'S A STEPRIO E TERE ONED CONTROL HORISTON				
Application Number	09/809,468				
Filing Date	March 15, 2001				
First Named Inventor	Michael Wholey				
Title	METHOD AND APPARATUS *				
Group Art Unit					
Examiner Name					
Attorney Docket Number	180431-00015				

OR Pred	ctitioners at C	Name	29694	- C	Registration	Juli, on over]
business if Please cha The a	the United S ings the corre bove-mention	states Patent and Tra spondence address and Customer Number stomer Number	ademark Office of for the above-ide	connected	therewith. polication to: Place Num	e Customer ber Bar Code Hiere	- ::
X Firm o	r ual Name	Alan G. To	owner		1		
Address		Pietragal)	n. Bosick &	Gordor		,	4-
Address			d Centre, 38			ant Street	
City		Pittsburgi	n	State	PA	Zip 1	5219
Country		US					
Talephone		(412) 263-434	10	Fax	(412) 261	L-0915	
As		or. ed of the entire inter r 37 CFR 3.73(b) is 6			98)	· · · · · · · · · · · · · · · · · · ·	
		SIGNATURE of	Applicant or Assi	gnee of R	ecord		*,
Name	. M	ark H. Wholey			-		1
Signature		flum by	11 Whole	<i>'</i>	· · · · · · · · · · · · · · · · · · ·		
Date ::		7/23/	(4)		· · · · · · · · · · · · · · · · · · ·		
NOTE: Signature forms if more than	s of all the inver in one signature	tors or essignees of reco Is required, see below*.	rd of the entire inter	est or their r	representative(s) are required. Sui	elqiitum timo
(A) Total of		ms are submitted.		· · · · · · · · · · · · · · · · · · ·	******** 1	1	
Burden Hour Stateme	ni: This torm is est	imated to take 3 minutes to a	complete. Time will var	y deponding	upon the needs of	lim individual case.	Any comments o

Burden Hour Statement: This term is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patient and Trademark Office, Washington, DC 20231. DO NOY SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. BEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 2 7 2001 PRADENT

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/809,468				
Filing Date	March 15, 2001				
First Named Inventor	Michael Wholey				
Titlo	METHOD AND APPARATUS *				
Group Art Unit					
Examiner Name					
Attorney Docket Number	180431-00015				

I hereby appo	last.
X Practitio	ners at Customer Number 29694 Place Customer Number Bar Code Label here
	Name Registration Number
 	
l .] -	
as my/our attorn business in the	ey(s) or agent(s) to prosecute the application identified above, and to transact all United States Patent and Trademark Office connected therewith.
	he correspondence address for the above-identified application to:
evods enT	mentioned Custamer Number.
OR Constitutions	Place Customer
OR	s at Customer Number Number Bar Code Label here
X Firm or	Alan C. Tarran
individual Na	me Alan G. Towner
Address	Pietragallo, Bosick & Gordon
Address	One Oxford Centre, 38th Floor, 301 Grant Street
City	Pittsburgh State PA Zlp 15219
Country	US
Telephone	(412) 263-4340 Fax (412) 261-0915
i am the:	
(A) Applican	/inventor.
Assigned Statement	of record of the entire interest. See 37 CFR 3.71. It under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
·	SIGNATURE of Applicanter Assignee of Record
Name	Petra Wholey ((()))
Signature	
Date	July 25, 2001
NOTE: Signatures of all	the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple gnature is required, see below.
29 *Total of 3	gnazure is required, see ballow". forms are submitted.
urden How Statement This	DITM IS definated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case Assessment

the amount of time you are required to complete this form should be sont to the Chief Information Officer, U.S., Peters and Tradamart, Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Complisioner for Patents, Washington, DC 20231.



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paporwork Reduction Act of 1995, no pursons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/809,468
Filing Date	March 15, 2001
First Namod Inventor	Michael Wholey
Group Art Unit	
Examiner Name	
Attorney Docket Number	180431-00015

I hereby revoke application:	all previous p	oowers of attorney	or authorization	ns of age	ent given in th	ne above-identified	
X A Power o	of Attorney or	Authorization of A	gent is submitte	ed herev	vith.		
OR							
Please cha	ange the corr	espondence addre	ess for the abov	e-identif	fied applicatio		
Cus	stomer Numb	er				Place Customer Number Bar Code Label here	
OR							
Firm or Individual Name	9						
Address							
Address				·			
City							
Country				State		ZIP	
Telephone		· · · · ·		Fax			
I am the:							
X Applicant/	Investor						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Assignee Statemen	of record of t under 37 C	the entire interest. FR 3.73(b) is encid	See 37 CFR 3 osed. (Form PT	.71. O/\$B/96	3) 		
		SIGNATURE of App	plicant or Assign	nee of Ro	cord		
Name	Micha	ael Wholey					
Signature		Medleall	Celista	, 			
Date		7/2/10					al c
NOTE: Signatures of a forms if more than one	the inventors of signature is rec	or assignees of record juired, see below*.	of the entire intere	st or their	representative(s) are required. Submit multi	hie
Total of 3							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FLES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a ph.s. sign (+) inside this box ---

PTO/SB/82 (10-00)

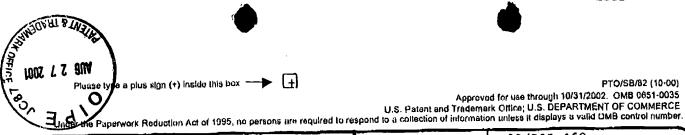
Approved for use through 10/31/2002. CMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

09/809,468 **Application Number** March 15, 2001 Filing Date First Named Inventor Michael Wholey Group Art Unit **Examiner Name** Attorney Docket Number 180431-00015

l hereby revoke application:	ali prev	ious powers of attomey or aut	norizatione o	of ag	ent given	in t	ne abov	/e-identii	ied .	
X A Power	of Altorr	ney or Authorization of Agent is	submitted h	nerei	with.) -	
OR PB를 Please ch	enge (h	e correspondence address for			fied appli			J 557 Cgaranga		
☐ Cu	istomer l	Number	<u> </u>					ustomer Bar Code ere	·	
Firm or Individual Nam	√gr. (^) inu 18									
Address	कंट्यां स्टाइट				mink C"				:	
Address	. Pankaine		• • •							
Country			Sta	ate			ZIP		~**	
Telephone			F		,					
	of reco	r. rd of the entire interest. See 37 37 CFR 3.73(b) Is enclosed. (f		B/96		· · · · ·	:	•	k	
		SIGNATURE of Applicant of	r Assignee o	f Re	cord		·	·	*******	
Name	Mai	rk H. Wholey			-,-1-					
Signature	10	unk D. Wholey							4	
Date	j	7/23/07			•					•
NOTE: Signatures of a forms if more than one	il the inve signature	ntors or assignees of record of the entits required, see below".	ire interest or U	helr r	epresentat	V±(6)	are requ	ired. Subn	di muli	ple
Total of 3		are submitted.								4
kurden Hour Statement: This	form is est	imaled to take 3 minutes to complete. Time complete this form should be sent to the C	will very depend	ling up	on the need	s of th	e individu	al casa. Any	comme	inte on

THO MICHAEL PILL THE FORMAND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, OC 20231.



PTO/SB/82 (10:00)

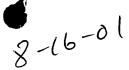
REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/809,468	`
Filing Date	March 15, 2001	
First Named Inventor	Michael Wholey	
Group Art Unit		
Examiner Name		
Attorney Docket Number	180431-00015	

I hereby revoke a application:	ill previous powers of attorney	or authorizations of age	nt given in the abov	e-identified
A Power of	Attorney or Authorization of	Agent is submitted herew	vith.	•
OR				_
Please chai	nge the correspondence addr	ress for the above-identif		
Cust	tomer Number	→	Place C Number Label he	Bar Code
OR				
Firm or Individual Name				
Address			1700	
Address				
City			7.5	
Country		State	ZIP	
Telephone		Fax		
I am the:				
X Applicant/li	nventor.			
C Assignee	of record of the entire interes under 37 CFR 3.73(b) is end	t. See 37 CFR 3.71. losed. (Form PTOISB/96)	
<u></u>	SIGNATURE of Ap	plicant or Assignee of Re	cord	
Name	Petra Wholey			
Signature	Library			
Date		0		nicod Ochmie mc. Mal-
NOTE: Signatures of all forms if more than one	I the inventors or assigneds of recorsignature is required, see below.	rd of the entire interest or their	representative(s) are req	инев. Эмент пипирів
X •Total of 3	forms are submitted.			Any company

Burden Hour Stalement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sont to the Chief Information Officer, U.S. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 2 7 2001 E



0400

Please type a plus sign (+) inside this box - + PTO/SB/21 (08-00) Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/809,468 TRANSMITTAL **Filing Date** March 15, 2001 **FORM First Named Inventor** Michael Wholey (to be used for all correspondence after initial filing) Group Art Unit **Examiner Name** Attorney Docket Number | 180431-00015 Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Licensing-related Papers Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please Extension of Time Request Address identify below): Terminal Disclaimer -return postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s)_ Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Alan G. Towner Pietragallo, Bosick & Gordon Individual name Signature Date August 24, 2001 **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 08/24/01 Alan G. Towner Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Date

August

2001

Ellens

Vau

Signature